



14. Has a doctor, nurse, or asthma educator ever taught **you** what to do when your child has an asthma episode or attack?  
 Yes     No     Don't know
15. An Asthma Action Plan, sometimes called an Asthma Management Plan, is a printed form with asthma treatment directions from your child's doctor. It tells you what asthma medications your child should take and what asthma "triggers" your child should avoid. It also tells you how to know if your child's asthma is getting worse and what to do if it gets worse, such as when to change the amount or type of medicine and when to call the doctor or go to the emergency room. Has a doctor, nurse, or asthma educator ever given you an Asthma Action Plan for your child?  
 Yes     No     Don't know
16. Have **you** ever taken a course or class on how to manage your child's asthma?  
 Yes     No     Don't know

**The next 2 questions ask about autism.**

17. Does your child currently have autism, PDD-NOS, Asperger's Disorder, or atypical autism?  
 Yes     No     Don't know

**If you answered "No," go to Question #19**

18. Does your child receive special education services for autism, PDD-NOS, Asperger's Disorder, or atypical autism at school?  
 Yes     No     Not sure

**The next 9 questions ask about health care coverage and dental care.**

19. What kind of health care coverage does your child have?  
 No insurance     Private insurance     TRICARE (formerly CHAMPUS)     MaineCare     Other
20. How long ago did your child last visit the dentist for preventive dental care such as check-ups and dental cleanings? (Include dental hygiene visits as well as all types of dentists.)  
 Within the past 12 months  
 More than 1 year but not more than 3 years ago  
 More than 3 years ago  
 My child has never been to a dentist  
 Don't know/don't remember
21. During the past 12 months, has your child been treated for a dental condition such as toothaches, decayed teeth or cavities, broken teeth, or bleeding gums? (Do not include visits to an orthodontist for braces.)  
 Yes     My child has never been to a dentist  
 No     Don't know/don't remember
22. During the past 12 months, was there a time when your child needed dental care but could not get it at that time?  
 Yes     No     Don't know

**If you answered "No," go to Question #24**

23. The last time your child could not get the dental care they needed, what was the main reason they couldn't get care? (Please mark only one.)  
 Could not afford it     No way to get there  
 Dentist did not accept MaineCare or Insurance     Other reason  
 Difficulty getting appointments     Don't know/don't remember  
 No dentist available
24. Do you have any kind of insurance that pays for some or all of your child's **DENTAL CARE**? (Include health insurance obtained through work or purchased directly, as well as government programs like MaineCare.)  
 I do not have any dental insurance for my child     TRICARE (formerly CHAMPUS)  
 Private insurance     Other  
 MaineCare     Don't know/don't remember
25. Has your child ever had dental sealants placed on his or her teeth at either your dental office or through a school program? (Sealants are a clear or white material placed on the chewing surface of teeth to prevent cavities.)  
 Yes - at a dental office     Yes - at a school program     Yes, both at a dental office and at a school program     No     Don't know
26. Has your child ever received fluoride varnish treatments at either your dental office or through a school program?  
 Yes - at a dental office     Yes - at a school program     Yes, both at a dental office and at a school program     No     Don't know
27. During the past 3 months, how many days of school has your child missed because of dental problems? (Do not include routine dentist/orthodontist visits.)  
 My child has not missed school because of dental problems     1-2 days     3-4 days     5 or more days

**The next 3 questions ask about protection from the sun.**

28. When your child is outside for more than one hour on a sunny day, how often does he or she wear sunscreen with an SPF of 15 or higher?  
 Never     Rarely     Sometimes     Most of the time     Always

29. On a sunny day, when your child is outside for more than 15 minutes between 11 a.m. and 3 p.m., how often does he or she do one of the following: stay in the shade, wear clothes covering most of his or her arms and legs, or wear a hat?

- Never     Rarely     Sometimes     Most of the time     Always

30. During the past 12 months, has your child had any sunburns? A sunburn is any reddening or burn of the skin that lasts until the next day.

- Yes     No     Not sure

**The next question asks about exposure to tobacco smoke.**

31. How many people living in the same household as your child smoke cigarettes, cigars, or pipes **inside** the house?

- 0     1     2     3     4 or more

**The next 4 questions ask about vehicle and bike safety.**

32. How often does your child ride in a booster car seat?

- Never     Rarely     Sometimes     Most of the time     Always

33. When your child rides in a car, truck, or van, how often does he or she sit in the back seat?

- Never sits in the back seat     Always sits in the back seat  
 Sometimes sits in the back seat     There is no back seat in the car, truck, or van my child usually rides in

34. How often does your child ride with teenage drivers, such as older brothers or sisters, relatives, or older friends?

- Never     Rarely     Sometimes     Most of the time     Always

35. How often does your child wear a helmet when riding a bike?

- Never     Rarely     Sometimes     Most of the time     Always     My child does not ride a bike

**The next 8 questions ask about what your child eats and drinks.**

36. During the past 7 days, how many times did your child drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)

- My child did not drink 100% fruit juice during the past 7 days     2 times per day  
 1 to 3 times during the past 7 days     3 times per day  
 4 to 6 times during the past 7 days     4 or more times per day  
 1 time per day

37. During the past 7 days, how many times did your child eat **fruit**? (Do **not** count fruit juice.)

- My child did not eat fruit during the past 7 days     2 times per day  
 1 to 3 times during the past 7 days     3 times per day  
 4 to 6 times during the past 7 days     4 or more times per day  
 1 time per day

38. During the past 7 days, how many times did your child eat **vegetables**, such as carrots, green salad, corn, or green beans? (Do **not** count french fries or other fried potatoes.)

- My child did not eat vegetables during the past 7 days     2 times per day  
 1 to 3 times during the past 7 days     3 times per day  
 4 to 6 times during the past 7 days     4 or more times per day  
 1 time per day

39. During the past 7 days, how many times did your child drink **a can, bottle, or glass of soda, sports drink, energy drink, or other sugar-sweetened beverage** such as Gatorade, Red Bull, lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight? (Do **not** count diet soda, other diet drinks, or 100% fruit juice.)

- My child did not drink soda, sports drinks, energy drinks, or other sugar-sweetened beverages during the past 7 days     1 time per day  
 1 to 3 times during the past 7 days     2 times per day  
 4 to 6 times during the past 7 days     3 times per day  
 4 or more times per day

40. During the past 7 days, how many glasses of milk did your child drink? (Count the milk your child drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)

- My child did not drink milk during the past 7 days     2 glasses per day  
 1 to 3 glasses during the past 7 days     3 glasses per day  
 4 to 6 glasses during the past 7 days     4 or more glasses per day  
 1 glass per day

41. In the last 12 months, how often did you (or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?

- Never     Almost every month  
 In only 1 or 2 months     Don't know  
 Some months but not every month

42. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- Never     Almost every month  
 In only 1 or 2 months     Don't know  
 Some months but not every month

43. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

- Never     Almost every month  
 In only 1 or 2 months     Don't know  
 Some months but not every month

The next 3 questions ask about your child's physical activity level.

44. On an average **school** day, how many hours does your child watch TV?  
 My child does not watch TV on an average school day     3 hours per day  
 Less than 1 hour per day     4 hours per day  
 1 hour per day     5 or more hours per day  
 2 hours per day
45. On an average **school** day, how many hours does your child play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, PlayStation, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the Internet.)  
 My child does not play video or computer games or use a computer for something that is not school work     3 hours per day  
 Less than 1 hour per day     4 hours per day  
 1 hour per day     5 or more hours per day  
 2 hours per day
46. During the past 7 days, on how many days was your child physically active for a total of at least 60 minutes per day? (Add up all of the time your child spent in any kind of physical activity that increased his or her heart rate and made your child breathe hard some of the time.)  
 0 days     2 days     4 days     6 days  
 1 day     3 days     5 days     7 days

The next 2 questions ask about your child's safety.

47. How often do you feel that your child is safe in your community or neighborhood?  
 Never     Sometimes     Usually     Always     Not sure
48. How often do you feel that your child is safe at school?  
 Never     Sometimes     Usually     Always     Not sure

The next 4 questions ask about your child's background.

49. Is your child Hispanic or Latino?  
 Yes     No
50. Which of the following would you say is your child's race(s)? (Mark all that apply.)  
 American Indian or Alaska Native     Black or African American     White  
 Asian     Native Hawaiian or Other Pacific Islander
51. What is the highest level of education attained by anyone in your child's household?  
 Some high school or less  
 A high school diploma  
 A GED  
 Some college  
 An associate's degree  
 A bachelor's degree  
 A graduate or professional degree
52. Does your child receive free or reduced priced meals at school?  
 My child receives free meals at school  
 My child receives reduced priced meals at school  
 My child does not receive free or reduced priced meals at school

The Maine Integrated Youth Health Survey is a collaboration between the Maine Center for Disease Control and Prevention, Maine Substance Abuse and Mental Health Services, and the Maine Department of Education.

Maine Department of Health and Human Services



Maine Department of Education

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